

Case Number:	CM13-0004330		
Date Assigned:	08/07/2013	Date of Injury:	08/18/2010
Decision Date:	01/02/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 08/18/2010. The primary treating diagnosis is lumbago. This patient is a 36-year-old woman who reported injury to her back while cleaning rooms and moving furniture. Treatment in the past has included medication, activity modification, physical therapy, lumbosacral orthosis, epidural injection, acupuncture, and work conditioning. Magnetic resonance imaging of 02/15/2012 showed multiple disk protrusions and facet hypertrophy with no clear specific focal compressive lesion. Physical examination has demonstrated generalized weakness in the lower extremities at 4 to 5 with decreased sensation at L4-L5. An initial physician review indicated that this request did not meet the guideline requirements for a repeat epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar ESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Injection.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of

medication use for 6 to 8 weeks." The medical records in this case do document the presence of radiculopathy radiographically and clinically. However, it was not clear that this employee has received benefit from prior epidural injections sufficient to support repeat injections consistent with the guidelines. The medical records and MTUS guidelines do not support the requested treatment. The request for Lumbar ESI L5-S1 is not medically necessary and appropriate.